

NC-TOPPS Mental Health and Substance Abuse

Adolescent (Ages 12-17)

Update Interview

****Use this form for backup only. Do not mail. Enter data into web-based system. (<https://nctopps.ncdmh.net>)**

Clinician First Initial & Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

LME Assigned Consumer Record Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please provide the following information about the individual:

1. Date of Birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. Gender

☐ Male ☐ Female

3. Please select the appropriate age/disability category(ies) for which the individual is receiving services and supports.
(mark all that apply)

☐ Adolescent Mental Health, age 12-17

☐ Adolescent Substance Abuse, age 12-17

b. If both Mental Health and Substance Abuse, is the treatment at this time mainly provided by a...

☐ qualified professional in substance abuse

☐ qualified professional in mental health

☐ both

4. Individual County of Residence:

5. IPRS Target Populations

(mark all that apply)

☐ CSMAJ ☐ CMSJD

☐ CSSAD ☐ CMMED

☐ CSIP ☐ CMDEF

☐ CSSP ☐ CMPAT

☐ CSWOM ☐ CDECI

☐ CSCJO ☐ CDSN

☐ CSDWI ☐ None of the above

6. Type of Interview (mark only one)

☐ 3 month update ☐ 12 month update

☐ 6 month update ☐ Other bi-annual update
(18-month, 24-month,
30-month, etc.)

7. Assessments of Functioning

a. Was the Global Assessment of Functioning (GAF) score updated in the past 3 months or since the last interview?

☐ Y ☐ N → (skip to 8)

b. Current Global Assessment of Functioning Score:

--	--	--	--

8. Please indicate the DSM-IV TR diagnostic classification(s) for this individual.
(See Attachment I)

9a. For Adolescent MH individual:

First MH Treatment Date
(for this episode of treatment)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

9b. For Adolescent SA individual:

First SA Treatment Date
(for this episode of treatment)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

9c. Date of Last Billable Service

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

9d. Date of Last Face-to-Face Contact:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

10. Special Populations (mark all that apply)

☐ DWI

☐ SSI/SSDI

☐ Traumatic Brain Injury (TBI)

☐ Deaf/hard of hearing

☐ DSS Custody

☐ Juvenile Justice

☐ Criminal Justice

☐ Non-English Speaking

☐ Sexually Reactive Youth

☐ Homeless

☐ Blind

☐ Sex Offender

☐ Outpatient Commitment

☐ Child/Adolescent discharged from state-operated facility

☐ Therapeutic Foster Care

☐ None of these

11. Special Programs (mark all that apply)

☐ Multi-Systemic Therapy (MST)

☐ Maternal/Pregnant

☐ Intensive in-home

☐ None of these

☐ Methamphetamine Treatment Initiative

12. For Adolescent SA individual:

Current Dosage Level for Medications:

☐ None of these medications used

Methadone

Naltrexone

Buprenorphine

Antabuse

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

13. For Adolescent SA and DWI individual:

SA treatment participation and service units in the past 3 months:

(enter 0, if none)

a. Group sessions

b. Individual/family sessions

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

Scheduled

Attended

Scheduled

Attended

14. Since the last interview, the consumer has attended scheduled treatment sessions...

☐ Rarely or never

☐ Sometimes

☐ All or most of the time

NC-TOPPS Mental Health and Substance Abuse

Adolescent (Ages 12-17)

Update Interview

****Use this form for backup only. Do not mail. Enter data into web-based system. (<https://nctopps.ncdmh.net>)**

15. For Adolescent SA individual:

Number of drug tests conducted and number positive in the past 3 months: (Do not count if Positive for Methadone Only)

a. Number Conducted (enter 0, if none & skip to 16)

b. Number Positive (enter 0, if none & skip to 16)

c. How often did each substance appear for all drug tests conducted?

Alcohol	THC	Opiates	Benzo.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Cocaine	Amphetamines	Barbiturates	
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

16. Since the individual started services for this episode of treatment, which comprehensive services has the (a) individual received and (b) which are still needed in the following areas?

a. Received b. Still Needed

	Yes	No	Yes	No
1. Educational improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Finding or keeping a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Family and/or peer relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Psychological/emotional care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Screening for HIV/TB/HEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Treatment referral for HIV/TB/HEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Legal issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Interpreter (deaf or foreign language)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Tobacco use cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Respite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Appropriate living setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Crisis services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Cessation of alcohol/drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Management of finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Housing (basic shelter or rent subsidy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. In the past 3 months, has the individual's family, guardian, or significant other been involved in any contact with staff concerning any of the following? (mark all that apply)

- ☐ Treatment services
☐ Person-centered planning
☐ None of the above → (skip to 18)

b. In the past 3 months, how often has the individual's family, guardian, or significant other been involved in any contact with staff?

- ☐ Once a week or more ☐ Once a month
☐ Twice a month or more ☐ Less than once a month

c. This contact was mostly....

- ☐ Face-to-face
☐ By telephone
☐ Both

18. If "None of the above" is answered on question 17, please specify a reason why no family member, guardian, or significant other have been involved in person-centered planning or treatment services: (mark all that apply)

- ☐ Consumer has no family, guardian, or significant other
☐ Consumer declines family involvement
☐ Family declines to be involved
☐ Scheduling conflicts
☐ Other _____

Section II: Complete items 19-46 using information from the individual's interview (preferred) or consumer record

19. How are items 20-46 being gathered? (mark all that apply)

- ☐ In-person interview (preferred)
☐ Telephone interview
☐ Clinical record/notes

20. Who is the respondent? (mark all that apply)

- ☐ Child ☐ Guardian
☐ Parent ☐ Other

NC-TOPPS Mental Health and Substance Abuse

Adolescent (Ages 12-17)

Update Interview

****Use this form for backup only. Do not mail. Enter data into web-based system. (<https://nctopps.ncdmh.net>)**

21. Do you ever have difficulty participating in treatment because of problems with... (mark all that apply)

- ☐ No difficulties prevented you from entering treatment
- ☐ Active mental health symptoms (anxiety or fear, agoraphobia, paranoia, hallucinations)
- ☐ Active substance abuse symptoms (addiction, relapse)
- ☐ Physical health problems (severe illness, hospitalization)
- ☐ Family or guardian issues (controlling spouse, family illness, child or elder care, domestic violence, parent/guardian cooperation)
- ☐ Treatment offered did not meet needs (availability of appropriate services, type of treatment wanted by consumer not available, favorite therapist quit, etc.)
- ☐ Engagement issues (AWOL, doesn't think s/he has a problem, denial, runaway, oversleeps)
- ☐ Cost or financial reasons (no money for cab, treatment cost)
- ☐ Stigma/Embarrassment
- ☐ Treatment/Authorization access issues (insurance problems, waiting list, paperwork problems, red tape, lost Medicaid card, IPRS target populations, Value Options, referral issues, citizenship, etc.)
- ☐ Language or communication issues (foreign language issues, lack of interpreter, etc.)
- ☐ Legal reason (incarceration, arrest)
- ☐ Transportation/Distance to provider
- ☐ Scheduling issues (work or school conflicts, appointment times not workable, no phone)

22. Has there been any change in your marital status since the last interview? Have you...

- ☐ Married ☐ Separated
- ☐ Lived as married ☐ Widowed
- ☐ Divorced ☐ No change

23. Are you currently enrolled in school or courses that satisfy requirements for a certification, diploma or degree? (Enrolled includes school breaks, suspensions, and expulsions)

- ☐ Y ☐ N → (skip to 24)
- b. If yes, what programs are you currently enrolled in for credit? (mark all that apply)
- ☐ Alternative Learning Program (ALP)- at-risk students outside standard classroom
- ☐ Academic schools (K-12)
- ☐ Technical/Vocational school
- ☐ College
- ☐ GED Program, Adult literacy

24. For K-12 only:

- a. What grade are you currently in?

--	--
- b. Since beginning treatment, your school attendance has...
☐ improved ☐ stayed the same ☐ gotten worse
- c. For your most recent reporting period, what grades did you get most of the time? (mark only one)
☐ A's ☐ B's ☐ C's ☐ D's ☐ F's ☐ School does not use traditional grading system
- d. If school does not use traditional grading system, for your most recent reporting period, did you pass or fail most of the time? ☐ Pass ☐ Fail

25. For K-12 only: In the past 3 months, how many days of school have you missed due to...

- a. Expulsion

--	--
- b. Out-of-school suspension

--	--
- c. Truancy

--	--
- d. Are you currently expelled from regular school?
☐ Y ☐ N

26. In the past 3 months, what best describes your employment status? (mark only one)

- ☐ Full-time work (working 35 hours or more a week) → (skip to b & c)
- ☐ Part-time work (working less than 35 hours a week) → (skip to b & c)
- ☐ Unemployed (seeking work or on layoff from a job) → (skip to 27)
- ☐ Not in labor force (not seeking work) → (skip to d & e)
- b. Is this work transitional employment? ☐ Y ☐ N
- c. Is this work supported employment? ☐ Y ☐ N
- d. If *not seeking work*, what best describes your current status? (mark only one)
- ☐ Homemaker ☐ Incarcerated (juvenile or adult facility)
- ☐ Student ☐ Institutionalized
- ☐ Retired ☐ None of the above
- ☐ Chronic medical condition which prevents employment
- e. If *not seeking work*, what best describes your current activities? (mark all that apply)
- ☐ Community service (court-related)
- ☐ Structured day activity
- ☐ Unpaid vocational rehab
- ☐ Volunteer activity
- ☐ Hobbies/Social activities
- ☐ Other
- ☐ No activity

27. In the past 3 months, how often did you participate in ...

- a. extracurricular activities?
☐ Never ☐ A few times ☐ More than a few times
- b. recovery-related support or self-help groups?
☐ Never ☐ A few times ☐ More than a few times
- c. organized religious activities?
☐ Never ☐ A few times ☐ More than a few times

NC-TOPPS Mental Health and Substance Abuse

Adolescent (Ages 12-17)

Update Interview

****Use this form for backup only. Do not mail. Enter data into web-based system. (<https://nctopps.ncdmh.net>)**

28. In the past 3 months, how often have your problems interfered with work, school, or other daily activities?

- ☐ Never
☐ A few times
☐ More than a few times

29. In the past month, how would you describe your mental health symptoms?

- ☐ Extremely Severe
☐ Severe
☐ Moderate
☐ Mild
☐ Not present

30. Do you have a current prescription for psychotropic medications? ☐ Y ☐ N → (skip to 31)

b. In the past month, how often have you taken this medication as prescribed?

- ☐ All or most of the time → (skip to 31)
☐ Sometimes
☐ Rarely or never

c. If sometimes or rarely/never, what are some of the reasons that you did not take your medication(s) all or most of the time? (mark all that apply)

- ☐ Trouble in remembering to take medication(s)
☐ Too many medication(s)
☐ Negative side effects of medication(s)
☐ High cost of medication(s)
☐ Do not feel need for medication(s)
☐ Forgot injection appointment
☐ No transportation to injection appointment
☐ Other

31. In the past 3 months, how many times have you moved residences? (enter 0, if none & skip to 32)

b. What was the reason(s) for your most recent move? (mark all that apply)

- ☐ Moved closer to family/friends
☐ Moved in with roommate
☐ Moved to nicer location
☐ Moved to safer location
☐ Needed more supervision
☐ Needed more supports
☐ Moved to location with more independence
☐ Moved to location with better access to activities and/or services
☐ Evicted
☐ Could no longer afford previous location
☐ Other

32. In the past 3 months, where did you live most of the time?

- ☐ Homeless → (skip to b) ☐ Residential program → (skip to d)
☐ Temporary housing → (skip to c) ☐ Facility/institution → (skip to e)
☐ In your or parent's/guardian's home/apt ☐ Other → (skip to 33) → (skip to 33)

b. If homeless, please specify your living situation most of the time in the past 3 months.

- ☐ Sheltered (homeless shelter)
☐ Unsheltered (on the street, in a car, camp)

c. If temporary housing, please specify the type of temporary housing you lived in most of the time in the past 3 months.

- ☐ Transitional housing (time-limited stay)
☐ Living temporarily with other(s)

d. If residential program, please specify the type of residential program you lived in most of the time in the past 3 months.

- ☐ Foster home
☐ Therapeutic foster home
☐ Level III group home
☐ Level IV group home
☐ State-operated residential treatment center
☐ Substance abuse residential treatment facility
☐ Halfway house (for Adolescent SA individual)

e. If facility/institution, please specify the type of facility you lived in most of the time in the past 3 months.

- ☐ Psychiatric Residential Treatment Facility (PRTF)
☐ Public institution
☐ Private institution
☐ Correctional facility

33. Was this living arrangement in your home community?

- ☐ Y ☐ N

34. In the past 3 months, have you received any residential services outside of your home community?

- ☐ Y ☐ N

35. In the past 3 months, who did you live with most of the time? (mark all that apply)

- ☐ Lived alone ☐ Foster family
☐ Spouse/partner ☐ Sibling(s)
☐ Child(ren) ☐ Other relative(s)
☐ Mother/Stepmother ☐ Guardian
☐ Father/Stepfather ☐ Friend(s)/roommate(s)
☐ Grandmother ☐ Other
☐ Grandfather

36. In the past 3 months, who was your primary caregiver? (mark only one)

- ☐ Parent(s) ☐ Spouse/partner
☐ Grandparent(s) ☐ Other relative(s)
☐ Sibling(s) ☐ Other
☐ Foster parent(s)

NC-TOPPS Mental Health and Substance Abuse

Adolescent (Ages 12-17)

Update Interview

****Use this form for backup only. Do not mail. Enter data into web-based system. (<https://nctopps.ncdmh.net>)**

37. For Adolescent MH individual:

In the past 3 months, have you used tobacco or alcohol?

☐ Y ☐ N

38. For Adolescent MH individual:

In the past 3 months, have you used illicit drugs or other substances? ☐ Y ☐ N

For Adolescent MH individual:

****If "Yes" is answered on question 37 or 38, go to question 39. If "No" is answered on both questions 37 and 38, go to question 40.**

39. Please mark the frequency of use for each substance in the past month.

Substance	Past Month - Frequency of Use				
	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily
Tobacco use (any tobacco products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy alcohol use (≥5(4) drinks per sitting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than heavy alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana or hashish use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine or crack use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other opiates/opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Drug Use <input type="text"/> <input type="text"/> (enter code from list below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Drug Codes

5=Non-prescription Methadone

7=PCP

8=Other Hallucinogen

9=Methamphetamine

10=Other Amphetamine

11=Other Stimulant

12=Benzodiazepine

13=Other Tranquilizer

14=Barbiturate

15=Other Sedative or Hypnotic

16=Inhalant

17=Over-the-Counter

22=OxyContin (Oxycodone)

29=Ecstasy (MDMA)

40. In the past month, how many cigarettes did you smoke per day, on average? (enter 0, if none)

41. In the past 3 months, how often have you carried a weapon such as a knife or handgun?

☐ Never ☐ A few times ☐ More than a few times

42. For Adolescent MH individual (6 Month Update only):

In general, since entering treatment your involvement in the criminal/juvenile justice system has...

☐ Increased ☐ Decreased ☐ Stayed the same

43. In the past month, how many times have you been in trouble with the law?
(enter 0, if none and skip to 45)

44. In the past month, how many times have you been arrested or had a petition filed for adjudication for any offense including DWI?

(enter 0, if none and skip to 45)

b. In the past month, how many times have you been arrested for a misdemeanor offense including DWI?

c. In the past month, how many times have you been arrested for a felony offense?

45. Are you currently under any type of correctional supervision in the....

a. adult correctional system? ☐ Y ☐ N

b. juvenile correctional system? ☐ Y ☐ N

46. Do you have children under the age of 18?

☐ Y ☐ N → (skip to 47)

b. Since the last interview, have you... (mark all that apply)

☐ Gained legal custody of child(ren)

☐ Lost legal custody of child(ren)

☐ Begun seeking legal custody of child(ren)

☐ Stopped seeking legal custody of child(ren)

☐ Continued seeking legal custody of child(ren)

☐ New baby born - removed from legal custody

☐ None of the above

c. Are all, some, or none of the children in your legal custody receiving preventive and primary health care?

☐ All ☐ Some ☐ None ☐ NA (no children in legal custody)

d. Since the last interview, have your parental rights been terminated from all, some, or none of your children?

☐ All ☐ Some ☐ None

e. Since the last interview, have you been investigated by DSS for child abuse or neglect? ☐ Y ☐ N → (skip to g)

f. For Adolescent SA individual:

Was the investigation due to an infant testing positive on a drug screen? ☐ Y ☐ N ☐ NA

g. How many of the children in your legal custody have been screened for mental health and/or substance abuse prevention or treatment services?

☐ All ☐ Some ☐ None ☐ NA (no children in legal custody)

Section III: Complete items 47-70 from the individual's interview only

47. Is the individual present for in-person or telephone interview?

☐ Y - Complete items 48-70

☐ N - If Adolescent SA individual, skip to question 70
- If Adolescent MH individual only, stop here

Update Interview

NC-TOPPS Mental Health and Substance Abuse

Adolescent (Ages 12-17)

Update Interview

****Use this form for backup only. Do not mail. Enter data into web-based system. (<https://nctopps.ncdmh.net>)**

62. In the past 3 months, how often have you forced or pressured someone to do sexual acts?

☐ Never ☐ A few times ☐ More than a few times ☐ Deferred

63. Since the last interview, how often have you tried to hurt yourself or cause yourself pain on purpose (such as cut, burned, or bruised self)?

☐ Never ☐ A few times ☐ More than a few times

64. Since the last interview, how often have you had thoughts of suicide?

☐ Never ☐ A few times ☐ More than a few times

65. Since the last interview, have you attempted suicide?

☐ Y ☐ N

66. In the past 3 months, how well have you been doing in the following areas of your life?

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
a. Emotional well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Relationships with family or significant others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

67. In the past 3 months, approximately how many...

a. **telephone** contacts to an emergency crisis facility did you have?

b. **face-to-face** contacts to an emergency crisis facility or mobile crisis unit did you have?

c. **visits** to a hospital emergency room did you have?

d. **nights** in a facility-based crisis service did you spend?

e. **nights** in facility-based respite did you spend?

f. **admissions** to a detox facility did you have?

g. **nights** in an inpatient facility for mental health treatment did you spend?

h. **nights** in an inpatient facility for substance abuse treatment did you spend?

i. **nights** in a medical/surgical hospital did you spend? (excluding birth delivery)

j. **nights** homeless (sheltered or unsheltered) did you spend?

k. **nights** in detention, jail, or prison did you spend (adult or juvenile system)?

68. What kind of health/medical insurance do you have?

(mark all that apply)

☐ None ☐ Medicaid
☐ Private insurance/health plan ☐ Medicare
☐ CHAMPUS or CHAMPVA ☐ Other
☐ Health Choice ☐ Unknown

69. How helpful have the program services been in...

a. improving the quality of your life?

☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

b. decreasing tobacco use?

☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

c. decreasing alcohol use?

☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

d. decreasing other drug use?

☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

e. decreasing your symptoms?

☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

f. increasing your hope about the future?

☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

g. increasing your control over your life?

☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

h. improving your educational status?

☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

i. improving your housing status?

☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

j. improving your vocational/employment status?

☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

k. improving your relationship with family and friends?

☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

70. For Adolescent SA individual:

Does the consumer have a current written consent in her/his consumer record for the DMHDDSAS to share NC-TOPPS Interviews with the consumer's assigned LME in accordance with 42 CFR, Part 2, HIPAA and NC Statute? ☐ Y ☐ N

End of interview

**Enter data into web-based system:
<https://nctopps.ncdmh.net>**

Do not mail this form

Attachment I:

DSM-IV TR Diagnositic Classifications

Childhood Disorders

- ☐ Learning Disorders (315.00, 315.10, 315.20, 315.90)
- ☐ Motor skills disorders (315.40)
- ☐ Communication disorders (307.00, 307.90, 315.31, 315.39)
- ☐ Childhood disorders-other (307.30, 309.21, 313.23, 313.89, 313.90)
- ☐ Mental Retardation (317, 318.00, 318.10, 318.20, 319)
- ☐ Autism and pervasive development (299.00, 299.10, 299.80)
- ☐ Attention deficit disorder (314.xx, 314.90)
- ☐ Conduct disorder (312.80)
- ☐ Disruptive behavior (312.90)
- ☐ Oppositional defiant disorder (313.81)

Substance-Related Disorders

- ☐ Alcohol abuse (305.00)
- ☐ Alcohol dependence (303.90)
- ☐ Drug abuse (305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90)
- ☐ Drug dependence (304.00, 304.10, 304.20, 304.30, 304.40, 304.50, 304.60, 304.80, 304.90)

Schizophrenia and Other Psychotic Disorders

- ☐ Schizophrenia and other psychotic disorders (293.xx, 295.xx, 297.10, 297.30, 298.80, 298.90)

Mood Disorders

- ☐ Dysthymia (300.40)
- ☐ Bipolar disorder (296.xx)
- ☐ Major depression (296.xx)

Anxiety Disorders

- ☐ Anxiety disorders (other than PTSD) (293.89, 300.00, 300.01, 300.02, 300.21, 300.22, 300.23, 300.29, 300.30, 308.30)
- ☐ Posttraumatic Stress Disorder (PTSD) (309.81)

Adjustment Disorders

- ☐ Adjustment disorders (309.xx)

Personality, Impulse Control, and Identity Disorders

- ☐ Personality disorders (301.00, 301.20, 301.22, 301.40, 301.50, 301.60, 301.70, 301.81, 301.82, 301.83, 301.90)
- ☐ Impulse control disorders (312.31, 312.32, 312.33, 312.34, 312.39)
- ☐ Sexual and gender identity disorders (302.xx, 306.51, 607.84, 608.89, 625.00, 625.80)

Delerium, Dementia, & Other Cognitive Disorders

- ☐ Delirium, dementia, and other cognitive disorders (290.xx, 290.10, 293.00, 294.10, 294.80, 294.90, 780.09)

Disorders Due to Medical Condition and Medications

- ☐ Mental disorders due to medical condition (306, 316)
- ☐ Medication induced disorders (332.10, 333.10, 333.70, 333.82, 333.90, 333.92, 333.99, 995.2)

Somatoform, Eating, Sleeping & Factitious Disorders

- ☐ Somatoform, eating, sleeping, and factitious disorders (300.xx, 300.11, 300.70, 300.81, 307.xx)

Dissociative Disorders

- ☐ Dissociative disorders (300.12, 300.13, 300.14, 300.15, 300.60)

Other Disorders

- ☐ Other mental disorders (Codes not listed above)
- ☐ Other clinical issues (V-codes)